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ABSTRACT

The National Institute of Mental Health reported in 1998 that suicide in the United States is the third leading cause of death among young people, and that they are the only age group whose mortality rate has increased due to suicide during the last 20 years. The United States Territory of Guam has also experienced an increase in adolescent suicide. This paper describes two levels of school-based suicide prevention programs. The primary prevention program aims to deter the problem from occurring in individuals and encourages ways to deal with life. The secondary prevention program works to identify problems at their initial stage in order to shorten the duration of the problem and lessen their intensity. The primary prevention programs are curriculum-based and are geared towards fostering decision-making skills and developing a positive self-image. Secondary prevention programs rely on student self-referral, peer referral, or actual incidents and work towards defusing already problematic conditions. The paper includes several recommendations for an effective school-based suicide prevention program for Guam. It recommends that Guam augment its prevention program with Zuni Life Skills Development Curriculum since Zuni culture is similar to Guam culture which fosters interrelations and group cohesiveness. (Contains 19 references.) (JDM)

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by Margaret T. Artero

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School-Based Adolescent Suicide Prevention Program In Guam

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This paper reviews school-based suicide prevention programs in the United States and Guam. Recommendations for effective suicide prevention and intervention programs, in particular for Guam public schools, are included.

Facts About Adolescent Suicide in the United States and Guam

The National Institute of Mental Health (NIMH, 1998) reported that, with a rate of 13.3 per 100,000, suicide in the United States is the 3rd leading cause of death among young people 15 to 24 years of age; surpassed only by unintentional injuries and homicide. The suicide rate for children ages 10-14 was 1.7 per 100,000 and for adolescents ages 15-19, 10.5 per 100,000. The male to female ratio for the 15-19 age group was 5.6 to 1. The suicide rate for youth ages 20-24 was 16.2 per 100,000 and the male to female ratio for this age group was 6.4 to 1. Adolescents are the only age group whose mortality rate has increased due to suicide over the last 20 years in the United States (Kalafat & Elias, 1995).

The United States Territory of Guam has also experienced an increase in adolescent suicide. During 1970-1983 only one adolescent suicide was recorded (Salas & Stillman, 1985). This is in sharp contrast with the 28 adolescent suicides recorded during 1988-1996 with a rate of 18.67 per 100,000 (Guam Department of Public Health & Social Services, 1988-1996). The age range of these adolescent suicides was from 10 to 19 years. Of the 28 suicides, 21 were males and 7 females; a 3 to 1 ratio (Guam Police Department, 1996).

The Island of Guam

The population of the Island of Guam is approximately 150,000 and is multicultural. Besides the indigenous people of Guam, the Chamorus, the other cultural groups are from the Philippines, the Commonwealth of the Northern Marianas, the Federated States of Micronesia, the Republic of Belau, the Republic of the Marshalls, Korea, Japan, and China. Guam measures 30 miles long and 4 to 9 miles wide for a total area of 212 square miles. It is 1,550 miles south of Japan, 1,500 miles east of the Philippines, and about 3,300 miles west of Hawaii.

School-Based Suicide Prevention Programs in the United States

There are generally two levels of school-based suicide prevention programs: (a) primary and (b) secondary (Miller & DuPaul, 1996). Primary prevention programs aim to deter problems from occurring in individuals and to encourage them to constructively deal with life (Berkan, 1986; Hightower, Johnson, & Haffey as cited in Miller, & DuPaul, 1996). The intent of secondary prevention

programs is to identify problems at their initial stage in order to shorten the duration of the problems and lessen their intensity (Hightower et al., as cited in Miller & DuPaul, 1996).

The most prevalent approach to the primary prevention of adolescent suicide programs are curriculum-based. Of these curriculum-based programs, the leading method is talking directly to students and teachers about adolescent suicide (Garland & Zigler, 1993). A less frequent approach are curriculum-based programs geared to foster general coping skills such as decision making, developing positive self-image, and the like (Miller & DuPaul, 1996). Included in the primary prevention programs are in-service training for school staff (Garland & Zigler, 1993; Miller & DuPaul, 1996). This is in contrast with the suicide prevention program of Madison, WI which considers educating staff, parents, and students to the warning signs of potential adolescent suicide as secondary prevention since this addresses an existing problem aiming to prevent a more serious one, that of suicide (Berkan, 1986).

Secondary adolescent suicide prevention programs, or interventions, generally rely on student self-referral, peer referral, or staff referral of suicidal ideations or actual suicide attempts. According to Miller and DuPaul (1996), if the intent of a secondary prevention program is to defuse already existing problematic conditions, then these types of programs should include some type of screening approach to identify adolescents potentially at risk for suicide. Miller and DuPaul suggest initially using the Suicidal Ideation Questionnaire (SIQ; Reynolds, 1988). Those students identified to be at risk for suicide would then be individually administered a structured clinical interview using the Suicidal Behaviors Interview (SBI; Reynolds, 1992).

Components Of School-Based Adolescent Suicide Prevention Programs

Malley, Kush, & Bogo (1994) list the following 16 components of a comprehensive and systematic school-based adolescent suicide prevention program: (a-b) written formal suicide policy statement and procedures to address at-risk students; (c) staff in-service training; (d-e) mental-health professional on site and a mental health team; (f-g) prevention materials for distribution to parents and students; (h) psychological screening programs to identify at-risk students; (i) prevention classroom discussions; (j) mental health counseling for at-risk students; (k) suicide-reference materials for counselors; (l) suicide prevention and intervention training for school counselors; (m) faculty training in detection of suicide warning signs; (n) post intervention component in the event of an actual suicide; (o) specific written criteria for counselors to assess the lethality of a potential suicide; and (p) written policy describing the evaluation procedure for the school-based adolescent suicide prevention and intervention program. In addition to the above components, Miller and DuPaul (1996) add the following: Secure lethal weapons to deter adolescents in using them to harm themselves; educate the media not to sensationalize suicides; use a competency-based model for prevention; and obtain the support of administrations, teachers, and parents.

School-Based Suicide Prevention Program Effectiveness

There are several recommendations for an effective school-based suicide prevention program. One program component is the inclusion of both primary and secondary prevention procedures (Garfinkel, 1989; Garland & Zigler, 1993; Guetzloe, 1991; Miller & DuPaul, 1996). A second component is the teaching of life skills to resist negative social influences; preventing particular problems and conditions; focusing on the social and emotional issues of adolescents; and sharing with them successful coping mechanisms (Berkan, 1986; Dept. of Student Services and Special Education,

1987; Kalafat & Elias, 1995; Miller & DuPaul, 1996). A third component is to create a culturally compatible, school-based life skills curriculum for the prevention of adolescent suicide. LaFromboise and Howard-Pitney (1995) developed a school-based life skills curriculum for the prevention of American Indian adolescent suicide, in particular for the Zuni tribe. They combined a social cognitive, life skills approach with peer helping and found this approach effective in reducing risk factors associated with suicide. A fourth component found to be effective is to target at suicide-risk adolescents, rather than targeting all the adolescents in the school, and providing them a comprehensive, school-based suicide prevention program (Eggert, Thompson, Herting, & Nicholas, 1995). Part of this school-based prevention program is the incorporation of an in-depth assessment of each adolescent's suicide potential using the Measure of Adolescent Potential for Suicide (MAPS: Eggert, Thompson, & Herting, 1994), a two hour interview conducted by a trained counselor or nurse.

School-Based Suicide Intervention Program in Guam

The Guam public schools have some of the same suicide prevention components in their intervention program as that of the United States. These components are delineated in the Student Procedural Assistance Manual (SPAM: Student Support Services, 1996). The SPAM contains a written formal suicide intervention policy statement and procedures addressing at-risk students and gives specific instructions dealing with suicide cases. Notable is the fact that the school counselor takes action informing parents or guardians immediately of suicide ideations or suicide attempts. The counselor documents each step from the time that the suicide ideation or suicide attempt is known, to the referral and notification of parents or guardians. At no time is the adolescent left alone during a suicide crisis. Follow-up after the adolescent returns to school is part of the procedure. Upon return to the school, specific appointment dates and times are set for the adolescent to see the school counselor. Guam's suicide intervention program also includes staff in-service training; mental health counseling for at-risk students; and a post intervention component in the event of an actual suicide.

Recommendations for a School-Based Suicide Prevention Program for Guam

It is recommended that Guam augments its suicide intervention program by including primary prevention components. One such suicide prevention program to consider is the Zuni Life Skills Development Curriculum (ZLSD: LaFromboise & Howard-Pitney, 1995). The ZLSD Curriculum combines a social cognitive, life skills approach with peer approach. The Zuni culture may be similar to the Guam culture which fosters interrelations and group cohesiveness. It is further recommended that the Guam public schools include in their SPAM (Student Support Services, 1996) some type of assessment to identify adolescents potentially at risk for suicide. This assessment could be the Suicidal Ideation Questionnaire (Miller & DuPaul, 1996; Reynolds, 1988) or the Measure of Adolescent Potential for Suicide (Eggert, Thompson, & Herting, 1994; Eggert, Thompson, Herting, & Nicholas, 1995). The program components listed by Malley, Kush, and Bogo (1994) and Miller and DuPaul (1996) are useful in considering a comprehensive school-based adolescent suicide prevention program for Guam. In addition, since Guam's Department of Education has adopted a Competency-based Guidance and Counseling Model (1995), the schools can use this model for suicide prevention (Miller & DuPaul, 1996).

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